

Literature Review: Decision-making for Adult Disability Payment

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The  Lines
Between



Scottish
Commission
on Social
Security

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EXECUTIVE SUMMARY

This rapid literature review examines evidence on decision-making for Adult Disability Payment (ADP), from initial determinations through redeterminations and appeals, and considers uptake of Short-term Assistance (STA). The Scottish Commission on Social Security (SCoSS) commissioned *The Lines Between* to compile the review as part of their remit to consider the conformity of the Scottish social security system with the social security charter.

The research was guided by the following questions:

- What data exists to enable a comparison between initial decisions on Personal Independence Payment (PIP) and ADP entitlement?
- Why are Personal Independence Payment (PIP) decisions more likely to receive a reconsideration when compared with ADP redeterminations?
- Why are ADP determinations more likely to be changed at the redetermination stage?
- Why are awareness and use of STA low?
- What evidence exists on the extent to which social security charter expectations are being met in this area?

This report draws on official statistics, independent reviews, client surveys, qualitative research, and third-sector evidence. *TLB* also assesses how far current practice aligns with the commitments set out in Social Security Scotland's charter, 'Our Charter'.

Initial decision-making for ADP

Evidence on initial decision-making indicates that while eligibility criteria remain broadly similar, ADP represents a clear departure from PIP in process design and stated values. ADP was introduced with a rights-based and person-centred approach, relying more heavily on supporting information, offering multiple routes to apply, and replacing disability assessments by default with more tailored consultations¹ only when necessary.

Client survey data and qualitative evidence suggest that many applicants experience the ADP decision-making process as clearer, more respectful and easier to navigate than PIP, although there are still some concerns around the application length and complexity. The removal of routine face-to-face assessments is widely viewed as a positive change, especially for people who found PIP assessments stressful or dehumanising. Consultations, when used, are generally rated positively, although concerns persist about decision-makers' condition-specific knowledge.

Official statistics show that overall ADP award rates are broadly similar to PIP, but patterns within awards are changing. Over time, fewer new ADP applicants receive both components or enhanced rates, with a corresponding increase in standard awards. While several

¹ Social Security Scotland notes consultations provide an opportunity for Social Security Scotland to ask a client questions about specific areas of their application that require more information. They are not a medical examination but rather provide people applying with a chance to speak about how their disability or condition affects their daily life.

hypotheses are suggested—such as increased applications from people who may not previously have applied—there is little qualitative evidence to explain these trends.

There are some identified gaps in the data around the initial decision-making process for ADP and how it relates to data reported about PIP. In fact, comparisons between ADP and PIP are constrained by differences in how data are categorised and reported. Other gaps in research include limited qualitative research on how initial decisions are experienced by different groups, particularly those who are unsuccessful, and insufficient data to explain emerging statistical patterns.

Redeterminations

ADP clients request redeterminations at around half the rate that PIP claimants request mandatory reconsiderations. However, nearly half of ADP redeterminations result in an outcome favourable to the client, a much higher success rate than under PIP. This contrast raises important questions. It may indicate greater satisfaction with initial decisions, a more substantive review process at redetermination, or shortcomings in initial decision-making accuracy. At present, the evidence base is insufficient to determine which explanation is most plausible. The absence of data on redeterminations by primary disabling condition further limits understanding of equity and consistency.

Available evidence on client experience of redetermination is mixed. Survey data suggests that slightly more people report positive than negative experiences, with some valuing opportunities for clarification and dialogue with decision-makers.

Appeals

Appeals allow clients to challenge ADP decisions with which they disagree. More than half of concluded appeals are upheld in favour of clients, a rate similar to that seen in redeterminations. As with earlier stages, this raises questions about decision-making accuracy and consistency at the initial decision stage.

Evidence on client experience of appeals is limited and mixed. Survey responses show an even split between positive and negative overall experiences. Qualitative examples from advice organisations highlight stressors including late access to evidence, tight timeframes, and the psychological burden of tribunal proceedings. Similar to PIP, appeals are commonly linked to perceptions that earlier decisions did not fully or accurately reflect claimants' circumstances.

Recent legislative changes could allow Social Security Scotland to make a new determination after an appeal is lodged, with the client's agreement, potentially reducing the need for tribunal hearings. However, as this has not yet come into force, there is no evidence on how this change would operate in practice.

Short-term Assistance

Short-term Assistance was designed to protect clients from financial hardship while challenging decisions. This benefit award is unique to Social Security Scotland with few comparable provisions in the UK or internationally. Uptake has remained low relative to the number of potentially eligible cases. Although official statistics show a rapid increase in STA payments in recent periods, whether all those eligible are requesting the award is unclear as are the reasons some clients decide to use STA and other decide not to.

Evidence suggests that low awareness and confusion about eligibility are possible barriers. Survey data indicates very limited awareness of STA among respondents, although methodological limitations mean this may understate awareness among those who are actually eligible.

Third-sector evidence raises an additional concern. As STA does not ‘passport’ the recipient to other benefits (as ADP would), it, may leave some clients financially worse off during the challenge period. There is no comprehensive assessment of the wider financial impacts of STA, representing a significant evidence gap. This along with greater qualitative data to understand client thoughts on using STA are the main data gaps around this award.

Charter expectations

TLB reviewed the evidence alongside Social Security Scotland’s charter, ‘Our Charter’. Using this evidence, TLB considers the four pillars of ‘Our Charter’ including ‘A People’s Service’, ‘Processes That Work’, ‘A Learning System’, and ‘A Better Future’. Across the evidence reviewed, ADP shows strong alignment with the principles of ‘Our Charter’, particularly in relation to dignity, respect and person-centred service design. Many clients report positive interactions with staff and improved experiences compared with PIP, especially at the application stage.

There is clear evidence of learning and reflection within Social Security Scotland, including engagement with stakeholder feedback, independent reviews, and qualitative research with clients. However, significant evidence gaps persist—particularly around who faces barriers, why decisions change at later stages, and how experiences differ by condition or lived circumstance—limiting robust assessment of Charter compliance over time.

Conclusions

Overall, the review finds that ADP represents a clear departure from PIP in terms of approach and decision making, and that many clients experience improvements in fairness, communication and respect. Nevertheless, across initial decisions, redeterminations, appeals and STA, there are substantial gaps in both qualitative and quantitative evidence to provide a clear picture of clients’ experiences of ADP decision making and how it compares to feedback on DWP’s PIP.

Acknowledgments

We would like to thank the stakeholders who contributed their views to this study and for their offers to support work in this area. Our thanks also go to the SCoSS secretariat and sub-committee for their thoughtful and insightful contributions and to the Scottish Government Social Security policy team for facilitating access to stakeholders. We are also grateful to the Scottish Government for funding to undertake this study.

List of acronyms

ADP: Adult Disability Payment

CAS: Citizens Advice Scotland

CDP: Child Disability Payment

DLA: Disability Living Allowance

DWP: Department for Work and Pensions

ESA: Employment and Support Allowance

FOI: Freedom of Information request

FtT: First-tier Tribunal

PADP: Pension Age Disability Payment

PIP: Personal Independence Payment

SCoSS: Scottish Commission on Social Security

SPICe: Scottish Parliament Information Centre

STA: Short-term Assistance

WCA: Work Capability Assessment

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1. Introduction

1.1 Overview

The Scottish Commission on Social Security (SCoSS) commissioned The Lines Between to conduct a rapid evidence review that considers literature about the decision-making process for Social Security Scotland's Adult Disability Payment (ADP). This review considered the initial decision-making process, the redetermination and appeals process, and uptake of Short-term Allowance (STA).

SCoSS plays an essential role in the development and delivery of a Scottish Social Security system based on fairness, dignity and respect by providing independent scrutiny of legislation and practice. Their full functions are set out in the Social Security (Scotland) Act 2018.² SCoSS is separate from the Scottish Government and carry out their work independently of both Scottish Ministers and the Scottish Parliament. Since their formation in 2019, their role has primarily focused on scrutinising new social security regulations. SCoSS also has a remit to assess the extent to which any or all of the expectations set out in the Scottish social security charter are being fulfilled, and making recommendations if those expectations are not met. For that reason, the evidence contained in this report was considered alongside Social Security Scotland's charter, 'Our Charter', to support SCoSS's statutory role in evaluating the Scottish social security system's compliance with the commitments outlined in their charter.

The following research questions guided the research, analysis and reporting:

- What data exists to enable a comparison between initial decisions on Personal Independence Payment (PIP) and ADP entitlement?
- Why are Personal Independence Payment (PIP) decisions more likely to receive a reconsideration when compared with ADP redeterminations?
- Why are ADP determinations more likely to be changed at the redetermination stage?
- Why are awareness and use of STA low?
- What evidence exists on the extent to which social security charter expectations are being met in this area?

1.1.1 Background on ADP

ADP is financial assistance provided by Social Security Scotland to people with a long-term health condition or disability that affects their daily lives. The devolved benefits payment was introduced in 2022 by Social Security Scotland to replace Personal Independence Payment (PIP) which is run by the Department for Work and Pensions (DWP).

Like PIP, ADP is made of two parts: a daily living component and a mobility component. The daily living component supports qualifying people who need help with everyday tasks, such as preparing food, washing and bathing, communicating verbally, and making budgeting decisions. The mobility component considers a person's ability to plan and follow a journey

² [Social Security \(Scotland\) Act 2018](#)

and their ability to move around. The mobility component is not dependent on a physical disability, for example, an individual could be eligible due to a mental health or cognitive condition. Social Security Scotland clients may qualify for one or both components of ADP and the amount received depends upon how their condition affects their ability to carry out the tasks listed above. Both awards offer standard and enhanced rates and receipt of those awards is based on a points system assigned to clients during the decision-making process.

ADP is not a means-tested benefit. You have to be resident in Scotland (between the ages of 16 and State Pension age) and either meet the disability conditions or be terminally ill to be eligible. Clients apply directly to Social Security Scotland for ADP³.

In creating a new devolved social security system, Social Security Scotland set out to develop a charter that would establish service standards that people can expect from the social security system in Scotland. Social Security Scotland's 'Our Charter' commits the service to align with principles of treating people with fairness, dignity and respect. This research examines the evidence to determine whether the expectations outlined in 'Our Charter' are being met, with a focus on decision-making considerations.

1.1.2 Comparing data on ADP and PIP

This research involved considers distinctions in decision-making processes related to ADP and PIP at each stage of review. To prioritise lived experiences, there is a focus on qualitative data gathered from ADP clients and PIP claimants. While official statistics are included, different approaches to data gathering and presentation make comparisons of statistical information more difficult.

Throughout the report, to provide clarity, data tables which consider information about ADP are coloured purple and data about PIP is in blue.

1.2 Methods

1.2.1 Identification of evidence

As a main concern of this report was to identify gaps, the scope of research was left intentionally broad, particularly as a tool of comparison between ADP and the PIP. Evidence searches included research produced by:

- Official statistics, government reports (e.g., Social Security Scotland, DWP), and Freedom of Information requests
- Peer-reviewed academic literature
- Grey literature, including stakeholder reports, unpublished studies, and submissions from advocacy groups.

³ In the past, they could also apply via case transfer, which is the process of moving from a UK controlled benefit such as PIP to one administered by Social Security Scotland, such as ADP, although that has now ended.

Evidence and literature were considered in scope if it met the following criteria:

- Published in 2015 or thereafter⁴
- Included evidence that focussed on Scotland and the UK, and, in cases of exceptional relevancy, international groups.
- Research that examines the decision-making process for social security benefits, particularly any appeals, reassessment or redetermination processes or uptake of any time-limited assistance of benefits, such as Short-term Assistance (STA).

Each source identified was reviewed and coded using a framework structured around the research questions and 'Our Charter'. In total, researchers reviewed 114 sources. While many sources were deemed out of scope, any uncited but interesting sources are provided in a 'Continued Reading' section in Annex A. We have removed any literature produced by government bodies from this selection.

1.2.2 Summary of evidence

This evidence review cites 70 sources. Of those, all referred to the decision-making process of the benefits system in Scotland or the UK either directly or indirectly, e.g., official statistics around award rates. Just under half of the sources considered PIP exclusively. The remaining sources considered ADP. Outside of official reporting, some research on ADP positioned it in relation to PIP or referenced the DWP in the analysis.

Just over half of our sources originated from the Scottish Government, the UK Government, Northern Ireland's Department for Communities or another public body. This included four references to Freedom of Information requests and review of five different reporting periods for official statistics and client surveys. Where possible, client survey data about ADP and Social Security Scotland have been considered over time to understand any changes. However, as noted throughout this report, due to the recent introduction of ADP and changes to the reporting structures and styles, data is not always consistent over time.

Third sector research, case studies and reports make up around a quarter of the research analysed as do academic papers, about half of which are briefing papers.

Where possible we have included the lived experiences of ADP clients and PIP claimants. Qualitative research cited includes government client surveys, government reports which include focus groups, interviews or stakeholder panels, reports from voluntary sector advocates and academic research.

The most contemporary research available was cited, particularly for ADP. However, as some research identified, when comparing ADP to PIP, there was often a need to compare ADP with PIP at the same stage of development, i.e., the Independent Review of Adult Disability Payment (at year three of the programme) with the First and Second Independent Review of Personal Independence Payment (at year three and five of the PIP programme) rather than current PIP data.

⁴ Where an article or report was exceptionally relevant, researchers accepted an earlier publication date. This only occurred in two instances with publications from 2014.

Alongside the iterative search, key stakeholders as identified by SCoSS were contacted in the Call for Evidence. In total, 16 stakeholders engaged in this process.

1.2.3 Framing the Review in Relation to ‘Our Charter’

Chapter 6 provides an analysis of the evidence in relation to the goals presented in Social Security Scotland’s charter, ‘Our Charter’. It provides a frame to understand how the evidence explored aligns with the four key tenets:

- A people’s service: We are here to help you get everything you are entitled to.
- Processes that work: We will design services with the people who use them.
- A learning system: We will encourage feedback and empower people to deliver the best service possible.
- A better future: We will invest in the people of Scotland – making a positive difference to all our lives.

This is to clearly see where future research may help improve understanding of alignment with charter goals.

This report also hopes to abide by some key features of the charter, including using evidence that is inclusive and by writing a report that is accessible and readable by all.

1.3 In this report

The report has been organised in the following way:

- Chapter 2 presents data on initial decision-making for both ADP and PIP. It uses official statistics, client survey data, government-commissioned research and qualitative research with stakeholders to build out the depth and breadth of comparison possible between ADP and PIP.
- Chapter 3 examines the redetermination process for ADP. Where possible, it provides a comparative examination of the PIP process to explore why there are differences in redetermination and mandatory reconsideration rates, as well as the greater likelihood a redetermination will be changed as compared to reconsiderations.
- Chapter 4 presents an overview of the data on ADP appeals and where possible compares it to the relevant appeals process for PIP.
- Chapter 5 considers data on the update of Short-term Assistance (STA).
- Chapter 6 frames the data examined in relation to the Social Security Scotland charter, ‘Our Charter’.

Our final chapter presents concludes the report with a summary of topics discussed.

2. Initial decision-making for ADP

This chapter considers available data on the initial decision-making process for ADP. Much of the evidence comes from official statistics, focus groups and stakeholder engagement provided by Social Security Scotland. This is supported by data from Audit Scotland, evidence collected during the Independent Review of ADP chaired by Edel Harris, and a qualitative research study on decision-making published in 2026 by the Scottish Government. [1] [2] [3]. Some qualitative research has been undertaken to start to understand the client experience of ADP's initial-decision making process. These studies often reflect the immediate client response as ADP is still new. The Scottish Government recognised a trend in the qualitative feedback received about ADP. [3] It noted that 'policy cannot be separated completely from the operational side of decision-making, nor from the specific and personal circumstances of each individual'. [3] For example, clients were likely to feel their 'experiences were in-line with decision-making policy' if they agreed with the outcome of their award. [3] Further data gathered over time may help clarify trends and experiences.

2.1 Background on ADP

As the eligibility criteria for ADP remain broadly the same as the criteria for PIP, evidence on the decision-making process for PIP enables a comparison with ADP. Understanding user experiences of PIP provide a lens through which to examine data on ADP, particularly at points of change, such as the procedural adjustments made to the application and assessment procedures. Gaps in ADP data also highlight areas where future ADP research is needed to gather a full picture of the client experience.

There is recent commentary on the economic implications of changes to ADP and the future proposed changes to PIP in light of proposed benefits reforms by the UK Government [1] [4]. However, this report does not consider these implications, instead focusing on the experiences of clients over the past three years and the official data and statistics released about those experiences.

This chapter provides an understanding of the way in which Social Security Scotland approached the creation of a new devolved system of disability assistance and how proposals for changes to disability benefits were received. It then explains the decision-making process for PIP, considering research into experiences of claimants and data published by the Department for Work and Pensions about the uptake of the benefit and the award rates. Comparing available data from the DWP, the chapter then analyses available data on ADP, particularly through official statistics [5], the Independent Review of Adult Disability Payment [2], and Scottish Government's qualitative analysis of client experience decision making. [3] Finally, in comparing the available data on PIP and ADP, we will highlight areas where there are data gaps about decision making for ADP.

2.2 A rights-based approach

The approach to devolving disability benefits in Scotland integrated a rights-based approach from the start [6]. The aim of devolution of the social security system was to establish a 'fairer Scotland', including a new set of principles based on a 'distinctively Scottish guiding vision' [7]. The Social Security (Scotland) Act 2018 was formed to consider a 'rights-based

approach', which O'Connell noted 'differs considerably from the approach adopted by previous social security legislation' [6]. Early responses to the proposed Scottish system for social assistance were positive, particularly from advocacy groups representing disabled people and with clients [2]. In interviewing disabled people in Scotland about welfare conditionality⁵ in advance of the development of the Act 2018, Wright, Stewart and Dwyer, found goodwill toward the 'prospect of a devolved system' of benefits and assistance⁶. [8] Referencing previous experiences with PIP, an interviewee in the Wright et. al. study spoke of optimism around the proposed devolution of disability assistance to the Scottish Government. [8]



"I'm more confident in the Scottish Government because I feel as if the Scottish Government are trying to help people in poverty" [8]

While ADP was introduced in 2022, PIP replaced Disability Living Allowance (DLA) for over 16s in April 2013. As with ADP, the Department for Work and Pensions intended their revision of DLA to provide a fairer, more transparent and objective assessment. [9]. Many applicants raised concerns about the decision-making process for PIP, as described in greater detail in the next section.

2.3 Concerns with Personal Independence Payment applications and assessment systems

This section provides a brief background of the initial decision-making process for Personal Independence Payment (PIP), including lived experience concerns related to the application and assessment processes. Alongside evidence that centres the experiences of disabled people, official statistics and data gathered by the Department for Work and Pensions are used to provide an overview of clearance rates, approval rates, and award rates by condition.

2.3.1 Application

Available qualitative evidence of the experience of disabled claimants for PIP implies there are issues with the process. [10] [11] [9] In their work examining the PIP assessment process after experiencing trauma, Roberts et al. noted that particularly for applicants experiencing mental health difficulties, the PIP application process can be 'humiliating, isolating and frightening, creating a sense of powerlessness' and in some cases be 're-traumatising'. [12] [13]

⁵ Welfare conditionality was defined by Wright, Stewart and Dwyer (2018) "social support contingent on behavioural requirements' such as 'work obligations and sanctions [that] exist for long-term ill and disabled people, long parents and, under Universal Credit, low-paid workers and partners of claimants'. [8] They contrast this to the devolved system Scotland was proposing at the time, and put into place with the Social Security (Scotland) Act 2018, which is 'explicitly needs-based and sanctions-free.' [8]

⁶ Research produced by Wright, Stewart and Dwyer (2018) focused on comparing a prospective new devolved payment system to Employment and Support Allowance (ESA) rather than Personal Independence Payment (PIP), but sentiment described is applied to the idea of Social Security Scotland as a whole.



“It’s so belittling, because basically they don’t believe you. And it’s just, it makes you so, it makes you so upset, but angry at the same time, because it’s like, when you get, when it comes back and you have zero points, you’re like, they clearly didn’t believe a word I said, because if they did, they would have at least given me some, but they gave me nothing. And so obviously, you know, they have to think I’m lying. And that’s just, I just think, what do you need me to do?” [12]

PIP requires most applicants to access a form either through phoning or writing to the DWP⁷, although some people in specific postcodes in England were able to access to an online application service from July 2023. As of January 2025, 2,914 claimants had applied online. [14] PIP asks the applicant to provide supporting documentation, which could include care plans, prescription lists, or information from a doctor. [15] One challenge reported consistently to Bowron, for example was ‘difficulties capturing the impacts of disability on day-to-day functioning in the PIP2 form and providing evidence to support this’. [10] While the DWP provides guides alongside the form, others felt that independent advice or support from others was needed to submit the application. [10]



“Trying to get my GP to print out 13 years’ worth of medical documents was impossible. They point-blank refused it multiple times.” [10]

2.3.2 PIP Assessments

Upon receipt of a completed PIP form, a claims handler will then determine if a further assessment with a health professional is required. Assessments can take place at an assessment centre, from home, over the phone, or via a video call. It is also possible to have support during an assessment from a relative, friend, or support worker. As of November 2024, 4% of assessments were carried out face-to-face, 77% remotely (including telephone and video), 18% paper-based, and 1% unspecified. [16] Award decisions are based on the advice of the assessment provider. If eligible, the applicant will receive an award letter outlining their award type, the award received, and a timeframe for review.

While research has shown that the application process can be daunting and confusing, it is the assessment process that can have the most severe negative impacts upon applicants. As Roberts, et.al. note:



‘The concept of the assessment being dehumanising was poignantly expressed in a number of ways, including the environment, the questions that were asked, and the manner of the assessor. Emma stated that, during assessment, she ‘didn’t really feel like a person’ – an unambiguous statement of the impact upon her sense of self.’ [12]

⁷ The DWP plan to implement a new integrated service for managing the health assessments and claims for PIP by 2029 following the launch of the Health Transformation Programme (HTP) in March 2019 by the then Secretary of State for Work and Pensions. The HTP aims to modernise the Health and Disability benefit landscape. It’s developed a single Health Assessment Service for all benefits that require a functional health assessment, which will utilise new IT and processes. [14]

Research suggests that not only do applicants feel belittled and shamed, but many also feel that assessors do not have the expertise to understand their disability or needs. [10] [12]



“I think having actual doctors that know what they're talking about, that understand different things for different sectors, like to have a cardiologist, a neurologist, a gastroenterologist, physiologist, whatever. [...] I think that would make a lot of difference rather than having people that aren't medically trained, reading pieces of paper, say, saying ‘I think they sound okay.’ I think having actual doctors might make a difference.” [10]

In his research, Gray (2017) found that there was a lack of confidence from claimants in the ability of the assessors to conduct the assessment, and that they would instead prefer more weight to be placed on evidence from professionals who are most familiar with them, like their own GP. [9] Some claimants felt the health professionals had misinterpreted or deliberately misrepresented discussions during the assessment. [9] His findings highlight a lack of trust in the application process for PIP and consequently a lack of reliability in the decision-making process from the DWP. [9] These findings were echoed more recently by Mackley et al (2025), who discussed the assessment process associated with both PIP and Work Capability Assessments (WCA)⁸. In their report considering the 2018 Work and Pensions Committee inquiry and the 2023 Work and Pensions Committee report, they cite:

- Claimants were not able to express the impact of their condition due to the structure and content of the assessment
- Inadequacies of the assessment in capturing fluctuating conditions
- Claimants feeling unheard when expressing concerns to their assessors
- Concerns about the knowledge or expertise of the assessors
- Factual errors in reports [17]

Gray (2017) highlighted that “restoring claimant trust also requires an assessment process of demonstrably high quality, fairness and consistency.” [9] The review went on to find inconsistencies in assessments, from some which found excellent examples of capturing the necessary information to those which lacked the detail needed for a robust, reliable, and equitable assessment. [9]

If the claimant disagrees with a decision, such as not being deemed eligible for PIP or an award decision, they can request a mandatory reconsideration and then an appeal, as discussed in the next chapter.

2.4 ADP Decision making

Social Security Scotland aimed to distinguish ADP from the PIP approach by focusing on the rights of the client, particularly as they manifest in the application experience. Changes made to ADP were intended to align the application and review process with Social Security

⁸ The WCA is a functional assessment used by the Department for Work and Pensions to determine how a person's health condition or disability affects their ability to work.

Scotland's charter, making it less burdensome or troublesome for applicants to complete. [1] Optimistic responses were evident at the outset after ADP was introduced. For example, Resolution Foundation cited qualitative studies where ADP was considered "a breath of fresh air" by participants compared to the previous PIP model and Halliday et.al. note that 'ADP is consistently rated less negatively than PIP'. [18] [19] This section considers the data available about the ADP decision-making process in comparison to the data about applicant's experiences of PIP.

2.4.1 Eligibility Criteria

While managing the migration of clients from PIP to ADP, the Scottish Government kept the eligibility criteria broadly consistent. They believed that this would minimise risk of a two-tier benefits system within Scotland during the case transfer process and negative impacts on clients with passported benefits controlled by the UK government. [2] [20] This approach to maintaining the eligibility criteria disappointed some, particularly as it relates to the mobility component. [2] [3] [20] [21] [22] [23] Participants in focus groups with the Scottish Government felt that a 'points-based system' and an application style with 'yes/no' questions did not allow 'them to share the full impact of complex or fluctuating health conditions'. [3] In response to a Scottish Government consultation on the mobility component, respondents felt that keeping the eligibility criteria as is restricted a holistic and person-centred approach. [21]



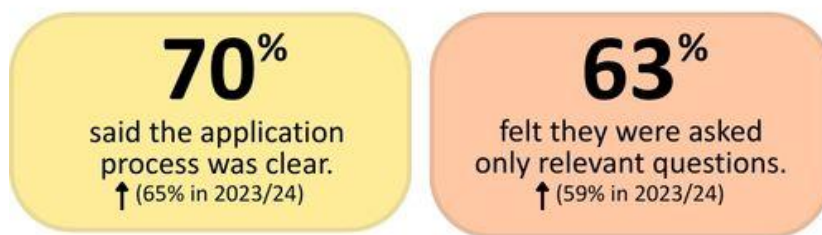
"A shift from the fixation on numerical distance walked, to a more person-centred approach of how someone moves (whether aided / assisted or independently and what the impact of moving around is on each individual) would yield a more accurate representation of someone's level of disability." - Neurological Alliance of Scotland [21]

2.4.2 Changes to the application and assessment process

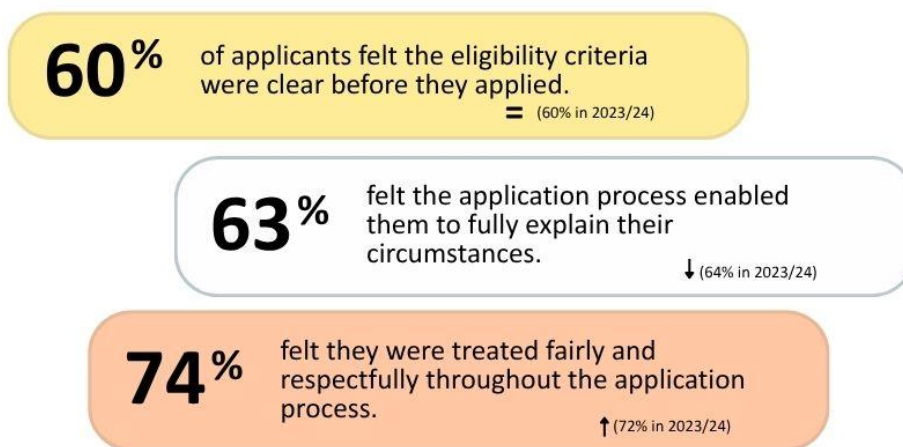
Other changes were made to both the application and assessment processes to help improve the treatment of clients and abide by the standards set in 'Our Charter'. For example, Heap (2024) notes that Social Security Scotland have taken a client-centred approach allowing applications to be made online, on paper or over the phone, rather than the offline application approach taken by PIP⁹. [20]

The most recent Social Security Scotland client survey, found that clients support the view that the ADP application process is user-friendly, understandable, and easy to access. [5] Most respondents who had applied for ADP agreed or strongly agreed that their application process was clear and relevant. [5] [24]

⁹ With the exception of a few postcodes in England where online applications are accepted.



Many ADP applicants agreed or strongly agreed that the eligibility criteria were clear before they applied, that the application process enabled them to fully explain their circumstances, and that they were treated fairly and respectfully throughout the application process. [5] [24]



Key findings for case transfer applicants from the 2024 client survey¹⁰ were also positive. [24]



Some respondents made a direct comparison between their experience of PIP and ADP.

“Found the process easier than PIP, forms were clearer and asked relevant questions to health conditions. Staff were highly knowledgeable and so helpful on phone and local delivery team.” – New applicant [24]

¹⁰ From 2025 onwards, case transfer data for ADP is now published in a report detailing other benefits’ case transfers



“The letters were very reassuring and had a very different tone from PIP letter which was comforting. I thought there was the right level of letters (two or three), and I really liked the Charter.” – Case Transfer [24]

In 2025, the Resolution Foundation provided an economic analysis of the impact of a more person-centred approach to the application process on the costs of implementing the system. [25]



“The recent reform of adult disability benefits in Scotland offers valuable lessons to policy makers in the rest of the UK. Although eligibility and rates of pay for this type of support are consistent across the UK, the new application process has been welcomed by claimants as granting them greater dignity than before. [25]

Some critiques around the length of the application have been reported. [2] [3] [26] However, in their response to the Independent Review of Adult Disability Payment, the Scottish Government reiterated that structure of the current application form, albeit long, has ‘been refined based on feedback’. [26] The length is to aid in a more accurate capture of information which was ‘considered a worthwhile compromise to ensure decision makers have the information needed for accurate determinations particularly given the removal of DWP-style assessments’. [26]

2.4.3 ADP consultations¹¹

Changes to the assessment process have also been implemented. Acknowledging the negative impact of PIP assessments on applicants, Social Security Scotland implemented a consultation process, to be carried out on a case-by-case basis. [27] Consultations are carried out by health and social care practitioners directly employed by Social Security Scotland. They use consultations to gather further supporting evidence for any aspect of an application that needs clarification. [27] In order to limit interventions after application submission, Social Security Scotland increased dependence on supporting information, a change which was publicly supported. [1] [2] [28] [29] [30]

Scottish Government research on the proposed legislation for ADP identified support among respondents for eligibility decisions to be informed by a widened definition of supporting information as compared to PIP. In introducing ADP, Social Security Scotland adapted the types of supporting evidence accepted and who could provide supporting evidence, including evidence from professionals known to the applicant, as well as friends and family. [27] The rationale was that the ADP decision making process should be less burdensome on applicants, with initial decisions made on the strength of the initial application, supported by evidence such as prescription slips and medical letters, as well as any further evidence which Social Security Scotland can obtain from professionals assisting the applicant with their disability, such as GPs or occupational therapists. [20] [31]

¹¹ Social Security Scotland notes consultations provide an opportunity for Social Security Scotland to ask a client questions about specific areas of their application that require more information. They are not a medical examination but rather provide people applying with a chance to speak about how their disability or condition affects their daily life.

The Social Security Scotland client survey found that 67% of respondents who applied for ADP provided supporting information. [5] Of those who did not provide supporting evidence, 30% said they did not think it was needed and another 31% said they did not have suitable supporting information. [5] Clients can also ask Social Security Scotland to collect supporting information on their behalf. This was requested by 27% of respondents. [5] The most common reasons for this were they thought Social Security Scotland would have better knowledge of what information to collect (36%) or that they could not gather the information themselves (23%). [5] Of those who provided supporting information, most agreed or strongly agreed that it was clear what information they should supply (81%) and it was easy to get the required information (71%). [5]

Data about applicants' experience of a consultation as part of their application was also gathered in the Social Security Scotland survey. Of those who responded, 5% said they had a consultation, and the majority of these respondents (90%) rated their overall experience of the consultation as very good or good [5] an improvement on the previous year. [24]



“Anybody that phone me to ask for additional information, they were very patient and very kind and very understanding, which I love.” [3]



“It is upsetting but I understand why it’s needed and the lady I had was polite and professional.” [5]

In qualitative research with clients, there was some confusion whether all phone calls clarifying data from Social Security Scotland’s staff were considered consultations. [3] Those who were more clear they had been through a consultation felt more positive about the experience, which again reflects highly on the process by comparison to PIP assessments. [3]

Greater communication with Social Security Scotland decision-makers was requested across qualitative research with clients. [5] [2] [3] For example, one client noted that they would have appreciated a chance to ask questions about the process in return. [2] Whereas other would have liked a chance to explain their conditions directly with decision-makers before initial decisions were made. [3] This is particularly true of clients who were unsuccessful or received an award lower than their expectations. [3]

Concerns about consultants' condition-specific knowledge has endured in the years since ADP was introduced. Clients and stakeholders still recommend consultations be carried out by a health care practitioner with relevant knowledge and experience of specific conditions and symptoms. [2] [23] [24]



“Getting information from specialists who deal with particular diseases will always be easier and more beneficial to the applicant. A general nurse will not understand the intricacies of diabetes for example. Get someone educated and specialised in the specific disease.” [24]

The charts below present statistics from Social Security Scotland from ADP launch until 31 July 2024.

Table 1: Overall decisions and use of client consultations [32]

Decision type	Number of applications
Total new applicants with a decision reached	216,960
Decisions without a client consultation	213,395
Decisions with a client consultation	3,565

Table 2: Breakdown of applications decided following a client consultation by method [32]

Consultation method	Number
Telephone	3,370
Online	131
In person	64
Total	3,565

Table 3: Breakdown of applications by source of request for client consultation [32]

Consultation requested by	Number
Social Security Scotland	3,549
Applicant	16

These findings highlight an overwhelming majority of new applications (where a decision was reached) did not require a client consultation (98%). [32] Among those that required a consultation, the most popular method was via telephone (95%). [32] This data aligns with Social Security Scotland's stated objectives of adopting a client friendly and less burdensome approach.

2.4.4 Application confusion

While overall there has been positive initial client response to the application process, some have reported difficulties and confusion with the system. [2] [1] [24] [33] [18] One respondent to the 2024 Social Security Scotland client survey commented that ‘the process isn’t set up to support those with learning difficulties. It’s long, wordy and generalised’. [24] Advisors describe a system that is still difficult for applicants. [33] A 2025 CAS quarterly insight report emphasised the growing demand for ADP application support, finding that from July to September 2025 ADP represented 20% of all social security advice provided by CAS. [33] This is further evidenced in Social Security Scotland client research surveys with ADP applicants. Just under half (46%) of respondents received help to complete their Adult Disability Payment application¹², which is a decrease of two percentage points from the previous client survey (48%). [5] [24] Further highlighting the impact of advice work, Citizens Advice Scotland point out:



“An award was granted at initial application in more than half the cases (53%) where our advice supported receipt of the Daily Living Component, and almost half of cases (49%) where our advice supported mobility awards. This is at least 10% higher than Social Security Scotland figures which show from April to July 2025 the initial application award rate was between 30 and 40% - demonstrating our advice plays a vital role in ensuring that the right decision is made the first time.” [33]

Halliday et.al. reaffirm the importance of making assistance available to those applying. [19] They note that claimants who wanted but did not receive help had a higher likelihood of their claim being denied compared to those who either received assistance or felt more confident making the claim. While their research highlights improvements in comparison to PIP, they also suggest there is still more to improve upon to ensure all clients are treated with dignity, fairness and respect. [19] There is particular emphasis on reviewing the ADP assessment criteria and improving the amount paid in award payments. [1] [2] [19] [34]

In comparison, case managers reviewing applications felt that the ADP, CDP and PADP application forms ‘allowed for a person-centred decision-making because the questions are open’. [3] The Scottish Government reaffirmed that the length of the form had been considered a ‘compromise’ as it ensures decision-makers have the information necessary and improves accuracy of the award outcome. [26]

2.5 Official statistics for ADP and PIP

This section looks at data provided by Social Security Scotland and the DWP about the award and denial rates for ADP and PIP, including information about clearance timescales. Often data is not directly comparable due to different classifications for example condition categories, or ways of presenting data, for example average clearance times vs banded times. Official statistics provide a snapshot of activity, giving insight into what is happening, but not necessarily why certain trends are occurring. In the case of ADP, there is a gap in understanding around the client experience.

¹² Of these, different groups were more likely to receive support including minority ethnic respondents (66%), respondents aged 16-24 (57%), and respondents who lived at a postcode categorised as most deprived (51%). [24]

Throughout this section, to provide clarity in charts and tables ADP data appears in purple, PIP data appears in blue and those that combine ADP and PIP statistics into a single table are gray. Statistics from Social Security Scotland about ADP have been taken from the most recent publication of official statistics (21 March 2022 to 31 October 2025) and PIP data from through October 2025 has been cited. [35] [36]

Table 4: Comparison of overall award rates between ADP and PIP [35] [36]

Award Type	Awarded (%)
ADP	45%
PIP	43%

Overall award rates for ADP through October 2025 were 45%, with 51% denied and 4% withdrawn. [35] In contrast, 43% of normal rules PIP decision received an award over a five-year period ending in October 2025 and 38% of normal rules PIP decisions received in an award in the quarter ending October 2025. [36]

2.5.1 Application outcomes by disabling condition

The charts below present ADP and PIP award assistance based upon primary disabling condition.

Table 5: Percentage of ADP applications denied or approved by primary health condition [35]

Primary disabling condition	Percentage of applications approved (%)
Unknown	0%
Special Codes DWP ¹³	22%
Diseases of the Digestive System	36%
Diseases of the Ear and Mastoid Process	No data
Diseases of the Blood and Blood-forming organs and certain disorders involving the immune mechanism	No data
Diseases of the Skin and Subcutaneous Tissue	42%
Mental and Behavioural Disorders	57%
Diseases of the Respiratory System	50%

The conditions with the highest denial rate for ADP are ‘unknown’ (82%), ‘special codes DWP’ (78%), diseases of the digestive system (64%) and diseases of the ear and mastoid process (64%). [35]

¹³ ‘Special codes DWP’ refers to the code used by DWP based on the WHO ICD 10 classification. This is a provisional assignment for some new diseases, including conditions like COVID, vaping related disorder, and with sub-codes for things like resistance to antimicrobial and antineoplastic drugs.

Table 6: PIP award rates based on main disabling condition from April 2025¹⁴ [37]

Main disabling condition	Award rate (%)
Neurological disease	57%
Musculoskeletal disease (general)	55%
Musculoskeletal disease (regional)	52%
Psychiatric disorders	50%
Respiratory disease	44%

As the data provided considers different categories for primary disabling condition, comparison across the ADP and PIP data is difficult. The two conditions that may be comparable are Diseases of the Respiratory System and Mental and Behavioural Disorders. Both have similar award rates for both ADP and PIP, although the ADP award is slightly higher in each case (about 7 percentage points).

2.5.2 Clearance data and timeframes

Both the DWP and Social Security Scotland provide data on clearance rates and timeframes¹⁵. Where Social Security Scotland reports completion in time bands, DWP reports average clearances over time (median) which makes comparison of data difficult. [35] [36] A rough comparison suggests that a completion rate within four months is common for both systems. Social Security Scotland report 68% of applications processed within four months and DWP report that current clearance rates (for April 2025) average around fourteen weeks. [35] [36] For further information, refer to the tables d below.

¹⁴ DWP reports on award rate based on main disabling condition annually. While other data presented in this section comes from the most recent publication of official statistics (October 2025), this chart comes from the previous report (April 2025). The overall award rate for normal rules new claims remained unchanged between April 2025 and October 2025.

¹⁵ According to a FOI request, Social Security Scotland does not have official clearance timeframes for ADP. [68] This was to avoid incentivised rush decisions. [69] However, under Special Rules for Terminal Illness, they aim to deliver awards for terminally ill clients within seven days. [69]

Table 7: Statistics from Social Security Scotland showing the proportion of decision completed within each time band from March 2022 to 31 October 2025 [35]

Total	100 % (302,475)
Proportion of applications processed within 20 working days (within 1 month)	7%
Proportion of applications processed within 40 working days (within 2 months)	29%
Proportion of applications processed within 60 working days (within 3 months)	49%
Proportion of applications processed within 80 working days (within 4 months)	68%
Proportion of applications processed within 100 working days (within 5 months)	82%
Proportion of applications processed within 120 working days (within 6 months)	91%
Proportion of applications processed within 140 working days (within 7 months)	96%
Proportion of applications processed in 141 or more working days	100%

While the official statistics do not cover why processing times may take 141 or more working days, a proposed reason could be due to slow processing times for applications where clients have asked Social Security Scotland to collect supporting information. [2] For example, a Freedom of Information (FOI) request published by Social Security Scotland noted that as of March 2024, there were 3,728 open ADP applications pending supporting information from a client's General Practitioner/Hospital or other sources¹⁶. [38] Other

¹⁶ This also includes redetermination and appeals where an original decision may have been reached but additional evidence has been requested from a General Practitioner/Hospital.

suspected reasons for delay included IT issues. However Social Security Scotland was not able to provide more information to an FOI request that queried IT concerns. [39]

Since an initial review in which severe delays in processing times was noted, PIP clearance rates have improved. [40] [9] DWP official statistics note that between April 2013, when PIP began, and October 2025, 9.2 million claims were registered for PIP, and 8.9 million of the registered claims were cleared. [36] Clearance times as of April 2025 are:

- 14 weeks for normal rules new claims from registration to a decision being made
- 17 weeks for DLA reassessment claims from registration to a decision being made [36]

In the quarter ending October 2025 there were:

- 210,000 registrations and 170,000 clearances for new claims
- 34,000 changes of circumstance reported and 30,000 cleared [36]

2.5.3 Initial award by type

Table 8: Statistics from Social Security Scotland showing Adult Disability Payment New Applicants – Initial awards by award type for each financial year from March 2022 to 31 October 2025 [35]

Financial Year	Percentage receiving Daily Living only (%)	Percentage receiving Mobility only (%)	Percentage receiving both Daily Living and Mobility (%)
2021 – 2022	0%	0%	100%
2022 – 2023	25%	8%	67%
2023 – 2024	37%	8%	55%
2024 – 2025	43%	6%	51%
2025 – 2026	46%	6%	49%

These statistics show a decline in the percentage of new applicants being awarded both components of ADP since the rollout in 2022. There is little data to explain why this may be the case.

In addition to changes in new applicant initial awards by award type, there have also been changes in the level of award new applicants are receiving. Social Security Scotland statistics for daily living award levels and mobility award levels show that since the rollout of ADP in 2022 there has been a decrease in percentage of new applicants receiving the enhanced rate compared to an increase in new applicants receiving the standard rate for both components.

Table 9: Statistics from Social Security Scotland showing Adult Disability Payment New Applicants – Initial Daily Living and Mobility awards by level from March 2022 to 31 October 2025 [35]

Financial Year	Daily Living Enhanced (percentage)	Daily Living Standard (percentage)	Mobility Enhanced (percentage)	Mobility Standard (percentage)
2021 – 2022	figures are suppressed for disclosure control	figures are suppressed for disclosure control	figures are suppressed for disclosure control	figures are suppressed for disclosure control
2022 – 2023	59%	41%	59%	41%
2023 – 2024	43%	57%	47%	53%
2024 – 2025	37%	63%	43%	57%
2025 – 2026	35%	65%	45%	55%

There has been a 24% decrease in the number of new applicants receiving the enhanced Daily Living award from 2022 to the most recent financial year, similar to the Enhanced Mobility component which has seen a 14% decrease. The quantitative data paints only part of the picture, with a pattern emerging in which the ADP initial award decisions are changing. One potential explanation for this could be that the emphasis by Social Security Scotland on creating a more human centred and personalised application process has resulted in more people applying for ADP. Even though eligibility levels in the general population may not have changed, it could have reached people who qualify for standard rates who may have never previously considered applying – perhaps because they themselves did not think they would be eligible. [41] Another potential explanation for the change in level of awards could be the push from Social Security Scotland to increase awareness of the benefit through their advertising campaigns, along with the publicity that came with the decision for Social Security Scotland to take over delivering the disability benefit, replacing PIP with ADP in Scotland. [1] There is a lack of rigorous qualitative research to explain why this appears to be the case.

In comparison, the DWP provides information on PIP award rates for enhanced Daily Living and Mobility by disabling condition rather than by timescale. Those with a psychiatric disorder are most likely to receive a Daily Living enhanced rate and those with a neurological disease are most likely to receive an enhanced Mobility rate. People living with a neurological disease are also most likely to receive both the enhanced Daily Living rate and enhanced Mobility. [37]

2.6 Summary

This chapter has examined the available evidence on initial decision making for ADP and considered how far this enables comparison with initial decisions for PIP. The chapter draws on a combination of official statistics, client survey data, independent reviews, and qualitative research to assess decision making processes, applicant experiences, and outcomes under both systems.

The evidence shows that, while ADP and PIP share the same eligibility criteria, the processes through which initial decisions are made differ in important ways. ADP was introduced with the stated aim of adopting a more rights based and person-centred approach, relying more heavily on supporting information, offering different pathways to submit an application, and limiting the use of consultations. Client survey data suggests that many applicants experience the ADP application process as clearer, more respectful, and easier to navigate than PIP, with acknowledgement of improved fairness, communication, and tone. In qualitative research with clients on the decision-making process, it was noted that often the award outcome impacted a clients' understanding of their experience. Negative feedback on the application and consultation processes were much more likely to come from people who did not receive an award or received less points than expected. [3]

2.6.1 What data exists to enable a comparison between initial decisions on PIP and ADP entitlement?

As this chapter shows, there are some avenues for comparison of the two awards, including:

- Official statistics
- Client survey data
- Independent reviews and government-commissioned research
- Qualitative research and stakeholder evidence

However, direct comparisons are difficult given limits to the available research. ADP and PIP statistics are often presented using different classifications, timeframes, and measures, particularly in relation to primary disabling condition, award levels, and clearance times. This makes direct comparisons of decision-making outcomes more difficult. While there is a substantial evidence base on PIP claimant experiences, particularly relating to assessments, there is far less qualitative research on ADP initial decision-making. Much of the available ADP evidence reflects early implementation and immediate client reactions rather than longer-term trends.

2.7 Identified research gaps

In considering research gaps about available data on the initial decision-making process for ADP, research gathered and published about PIP is useful as it provides a comparative point.

2.7.1 Qualitative research gaps

- The evidence discussed in this chapter highlights that there is overall satisfaction with ADP as compared to clients' previous experiences with PIP. However, given the longer running time for the PIP programme, there is less data available about ADP.

Initial decision rates, particularly when broken down by different award types, seem to be changing over time. Application numbers are increasing. While some reports have hypothesised why this may be the case, there is limited qualitative research to understand the rationale from the perspective of the client, both those who are successful in attaining an award and those who are not.

2.7.2 Official statistics gaps

- There is an absence of statistical alignment to reporting by Social Security Scotland and the DWP, which inhibits comparison of the two programmes.
- As ADP is still a new benefit, there have been gaps in the gathering and reporting of official statistics reported. This lack of clear quantitative data as compared to data from the DWP on PIP is something acknowledged by both public body and academic researchers. [1] [28] [42]

3. Redeterminations

This section examines available data on ADP redeterminations. It considers experiences of clients and presents official statistics from Social Security Scotland. The section also considers experiences of redeterminations for ADP against those described by claimants of PIP and official statistics published by the DWP.

3.1 Introduction to ADP redeterminations and PIP mandatory reconsiderations

3.1.1 ADP redeterminations

A redetermination is the first formal stage of challenging a decision by Social Security Scotland about an ADP award. Clients can ask for a redetermination when they receive an initial determination that they are unhappy with. A redetermination is not a review. Instead, Social Security Scotland will look at the 'application as if it is a new application, and will make a new decision.' [43] In that sense, there is potential the initial award could increase, stay the same, decrease or be removed entirely. If a client is unhappy with the decision made during the redetermination, they then have the right to appeal¹⁷ to a First-tier Tribunal and the application will be reviewed independently of Social Security Scotland. Following this, if an individual or Social Security Scotland do not agree with the decision made by the First-tier Tribunal, they can challenge this in the Upper Tribunal. Decisions can only be appealed to the Upper Tribunal where a party believes the First-tier Tribunal made a legal mistake in its decision.

3.1.2 PIP mandatory reconsiderations

With PIP, applicants are offered a mandatory reconsideration when they would like to challenge a decision made by the DWP. As with ADP's redeterminations, mandatory reconsiderations can be requested in any case where the applicant would like their application considered again. For example, some common reasons applicants may request a mandatory reconsideration include if they feel their PIP claim was lower than they expected, if the term limit is shorter than an applicant feels it should be or if a claim was refused. [44]

Unlike a redetermination, the decision-makers for reconsideration rely on the original assessment of the application. If an applicant disagrees after the mandatory reconsideration they can again appeal to an independent first-tier tribunal. As with ADP, the original award is not protected and the mandatory reconsideration process could review the application as a whole, lowering the award or deciding that no award should be given.

3.2 Differences between PIP and ADP processes

The main differences between PIP mandatory reconsiderations and ADP redeterminations include:

¹⁷ In some cases, a client can make an appeal without seeking a redetermination. This is called a process appeal and applies only when Social Security Scotland rejects an application based on incorrect information, but a client believes all relevant information was included. [43]

- Time limits to receive an outcome: for PIP mandatory reconsiderations, there is no time limit for the DWP to provide an outcome. For ADP on the other hand, a client has an immediate right to appeal to the First-tier Tribunal if Social Security Scotland does not make their redetermination decision within 56 days of receiving a valid redetermination request.
- Time limits to submit a redetermination/mandatory reconsideration: PIP clients must submit a mandatory reconsideration within one month of their decision and can submit a late mandatory reconsideration if one month has passed, but only with a good reason. For ADP, clients can request a redetermination within 42 days of being notified of their determination and can make a late redetermination request up to one year from the date they were notified.
- Financial support whilst awaiting an outcome of a benefit challenge: ADP clients whose award is reduced or terminated following a review or change of circumstances can claim Short-term Assistance whilst they wait for the outcome of their redetermination or appeal, whereas for PIP this is not available.

3.3 Background on redeterminations

Research by the Resolution Foundation notes that most ADP clients do not challenge their initial decision. [25] In 2025, three years after the introduction of ADP, only 16% of clients requested a redetermination. [25] To provide a comparative point, the Resolution Foundation calculated the rate of reconsideration for PIP three years after the transition from DLA. [25] According to them, ADP clients are half as likely to request redeterminations as PIP clients are to request reconsiderations (16% compared to 32% respectively). [25]

Data from Social Security Scotland (2025) shows that from April 2022 to October 2025, 67,020 re-determinations had been completed. This figure consists of requests by new applicants, 53,885, and 13,135 who had their award transferred from the DWP. [35]

Table 10: ADP redetermination (March 2022 to October 2025) [35]

Application type	Number of Redeterminations	Percentage
New applicants	53,885	80%
Case transfers from DWP	13,135	20%
Total	67,020	100%

Of these, 30,505 (48%) were disallowed (decided in favour of Social Security Scotland), 30,810 (49%) were allowed (decided in favour of the client) and 1,880 (3%) were invalid.

Table 11: ADP redetermination outcomes (March 2022 to October 2025) [35]

Disallowed	Allowed (decided in favour of the client)	Invalid
48%	49%	3%

Social Security Scotland noted that, for the period of March 2022 to October 2025 the ‘percentage of re-determinations disallowed has been higher in recent months, with 54-56% being disallowed in each of the last 8 months.’¹⁸ [35]

3.3.1 PIP Mandatory Reconsiderations

UK Government statistics indicate that for PIP the rate of application for a mandatory reconsideration compared to the total number of applications is still around one in three as of July 2025. [45] Of those, from November 2020 to October 2025, 28% of mandatory reconsiderations resulted in an award change, whereas around 63% had a new decision but their award was unchanged. [36]

Table 12: PIP’s mandatory reconsideration outcomes as reported by DWP (November 2020 to October 2025) [36]

New decision – award changed	New decision – award unchanged	Decision not revised	Withdrawn/cancelled
28%	63%	2%	8%

Barry et al. (2018) found that the award did not change for 25% of claimants in their study, and 15% got a new or higher award. [15] Around half of the study participants felt that the DWP clearly communicated how their decision was reached. [15]

Erez’s (2019) study of those living with MS found that, of survey respondents who requested a mandatory reconsideration, almost half (49%) had no change in their award whilst 30% received an increased award. [46] However, they argue that a successful mandatory reconsideration does not necessarily mean the award is correct, as 40% of those who received an increased award as a result of a mandatory reconsideration still went on to appeal and either received another increase from the DWP prior to attending a tribunal or were successful at their appeal. [46]

¹⁸ Social Security Scotland highlights potential issues with their statistics. As the size and complexity of benefits administered by Social Security Scotland have grown, limitations in the calculation of redetermination rate measures have affected statistical reporting, specifically as it relates to “re-determinations as a percentage of application decisions made” and “re-determinations which are allowed or partially allowed as a percentage of all decisions processed”. As a result, the measures showing redeterminations as a proportion of decisions processed, including those allowed or partially allowed, were removed from recent publications to maintain trustworthiness and quality. These measures will remain excluded until alternative approaches are identified, and no timescale has yet been set for their reintroduction. [35]

3.4 Client experiences of redeterminations and mandatory reconsiderations

ADP clients request redeterminations at a much lower rate than PIP clients but have a much higher rate of those determinations being awarded in favour of the client. There is no clear understanding as to why that is happening with limited research on client experiences of ADP redetermination and limited research with those who decide not to request a redetermination. The available data suggests there are mixed experiences with research reporting slightly more positive experiences. Much of research relies on client experience surveys and case studies, either conducted by third sector organisations or Social Security Scotland.

When asked to rate their overall experience of the redetermination process, 31% stated that their experience was poor or very poor while 48% felt it was good or very good. [5] Providing a more critical perspective, Citizens Advice Scotland (2024) submitted a briefing on clients' negative experiences, stating in one case study that the redetermination process 'place[s] a significant administrative and psychological burden on the claimant'. [47]



"Just want to reiterate how helpful it was when I was called and asked more about my conditions and how I cope. The woman I spoke to had clearly looked carefully at my form and sought advice from elsewhere as well. She pointed out things that I could gain points for that I hadn't even thought about because it's just second nature to me and told me her colleagues had suggested that some of the issues I have were probably causing me to do things which would gain me points. This was the case. I'm not sure if everyone who asks for a re-determination gets a phone call like this but it really helped me have a positive experience." [5]



"Whoever did my re-determination did not read any of my evidence, disregarded my illness and symptoms completely and made assumptions unrelated to what I had said. I felt completely dehumanised and broken down by this experience." Survey respondent. [2]

3.4.1 Client experiences of PIP mandatory reconsiderations

Dissatisfaction with the mandatory reconsideration process for PIP has also been identified, with suggestions that evidence has been ignored or the application not fully reviewed. For example, in their article, Barnard and Ludlow (2022) explored experiences of accessing justice in social security tribunals, drawing on observational data across 102 cases during a three-month period. [48] They described being 'struck' by the number of cases involving challenges to PIP decision making, and went on to highlight medical assessment errors concerning claimants' identities or circumstances, as well as an example of a claimant's assessment being raised from 0 points to 28 points by the tribunal. [48] Their data raises concerns around the quality of decision making for the initial decision and the mandatory reconsideration related to PIP.

In Northern Ireland, Rader (2018) found that among those who challenged their PIP decision, individuals found the process was stressful and complicated. Where the mandatory reconsideration resulted in the initial decision being upheld, respondents felt that their supplementary evidence had not been used. [49]



“I asked for a mandatory reconsideration. I received a letter back stating the exact same assessment as the original rejection. I felt that my comments had not been considered at all. I felt part of a process to rid the benefits system of claimants, degraded and embarrassed and that my condition is not genuine.” [49]

Similar issues relating to evidence not being taken into account during a mandatory reconsideration was highlighted by the Social Security Advisory Committee (2018) and in the second independent review of PIP in Northern Ireland. [50]

3.4.2 Barriers to ADP redetermination

Some barriers to applying for redeterminations are described in the evidence. Harris (2025) notes concerns raised by clients including confusion around the process or their rights within the process, that a new determination may result in fewer or no points, the potential impact of the process on health and wellbeing, and previous negative experiences with benefits systems, such as PIP. [2]

Many of these concerns are echoed in the Social Security Scotland client survey. [5] For example, just over half of survey participants (57%) strongly agreed or agreed that they understood what the redetermination process would involve. However, almost a quarter (23%) felt it was not clear what the process would involve, for reasons including being unsure about what supporting information was needed, whether it would be obtained by Social Security Scotland or if it was the responsibility of the client to supply. [24]

Overall once clients start the process, they report satisfaction at the procedure. The survey found that 73% of respondents strongly agreed or agreed that they knew how to request a redetermination from Social Security Scotland. [5] The majority also strongly agreed or agreed that Social Security Scotland provided them with ample time to request a redetermination. [5]

Another area of client concern around redetermination considered submission of supporting evidence. To understand how an initial determination had been made, clients suggested they needed access to the previous application, complete with all supporting evidence. This was noted as particularly useful if a client is using new advisors or support at the redetermination stage. [47] For example, Citizens Advice Scotland (CAS) highlighted difficulties in obtaining supporting evidence used in a client’s initial ADP decision; this was needed to aid the redetermination process. [47] CAS states that Social Security Scotland asked the client needed to submit a Freedom of Information request to receive this information. [47]

Similarly, the Child Poverty Action Group (CPAG) submitted evidence to the ADP review. [51] They noted that callers to their helpline also had issues accessing documents from a client’s initial application, particularly from the local delivery team:



“Adviser who is trying to assist with redetermination requests, has been having trouble getting copies of adult disability payment (ADP) application forms and GP reports from the local delivery team who assisted with the original claim. Adviser has asked clients to go back to the local delivery team who said they don't keep copies/cannot provide them.” [51]

3.4.3 Barriers to PIP mandatory reconsiderations

Similar concerns are also reflected in research on PIP’s mandatory reconsideration process since the introduction of the process in 2013, particularly the need to submit one before moving to an appeal. [15] [52] Applicants complain of confusion around the process of requesting a mandatory reconsideration. [15] [52] Recent research from CPAG suggests that applicants are not signposted to information about mandatory reconsiderations during their explanation calls and DWP-published research found that participants misunderstood the difference between an appeal and a mandatory reconsideration. [15] [52]

Concerns around evidence submission have also been raised in relation PIP’s mandatory reconsideration process. [15] [36] [9] [49] [53]

3.4.4 Profile of clients seeking PIP mandatory reconsiderations

Social Security Scotland does not currently gather or release data on the people who apply for redeterminations by primary disabling condition. However, the DWP provides insight into experiences of people based on their disabling condition through official statistics about mandatory reconsiderations and provides a breakdown of health conditions that have the highest rates of mandatory reconsideration requests. As is shown in the Table 9 below, psychiatric disorders have the highest rate of mandatory reconsiderations:

Table 13: PIP mandatory reconsideration requests per health condition (June 2013-October 2025) [36]

Disability	Percentage who submitted a mandatory reconsideration
Neurological disease	10%
Musculoskeletal disease (regional)	12%
Musculoskeletal disease (general)	16%
Psychiatric disorders	33%

Barry et al. (2018) found that people living with mental health issues were more likely to request a mandatory reconsideration due to the outcome of their face-to-face assessment, which they felt was predominantly focused on physical health issues. [15]



“I obviously didn’t see an assessor who knew anything about depression – who obviously wasn’t listening to what I was saying properly, otherwise that would have been reason to award me something in the first place.”
[15]

Pybus et al.’s (2019) study echoes this difference between physical and non-physical health conditions with an analysis of data on individuals who moved from DLA to PIP between 2013 and 2016. [54] They undertook a comparison of claimants with mental health issues and those without to understand how many claims were disallowed after an eligibility assessment. Claimants with psychiatric conditions were far more likely to lose existing entitlement following a PIP eligibility assessment than those with nonpsychiatric conditions, with almost one-third losing entitlement compared to around one-sixth. [54]

Overall, the data from the DWP and the research above highlights that individuals living with mental health issues are more likely to submit a mandatory reconsideration and feel that the outcome of their initial PIP assessment did not accurately reflect how their mental health impacts their daily living.

Understanding similar experiences for ADP clients could help explain experiences and how they vary by primary disabling condition. It could also help Social Security Scotland understand if there are biases in their treatment of applications from people based on primary disabling condition.

3.4.5 Reasons for PIP mandatory reconsiderations

PIP programme has been active for almost a decade longer than ADP and consequently there is more research on applicants’ experiences, particularly around the mandatory reconsideration and appeal processes. [53] [15] [9] This section considers the available research about PIP to highlight any data gaps in understanding the client experience for those seeking ADP redeterminations.

This evidence suggests that a common reason for requesting a mandatory reconsideration is due to not feeling heard or understood. [9] [15] For example Barry et al, found that of the people they spoke with a mandatory reconsideration was requested for the following reasons:

- not getting an award (40%)
- feeling the assessor treated an applicant unfairly (22%)
- feeling that parts of the evidence were not considered (18%) [15]

The Independent review of PIP found that professionals and organisations who responded to the review felt that the main reason claimants appealed their outcome was due to their assessment report being incorrect and not accurately reflecting their health issues. [9]

There is some evidence outlining reasons individuals may be deterred from submitting a mandatory reconsideration for their PIP decision. Applicants’ fears about applying for a mandatory reconsideration, include concerns about the impact of the experience on mental health and wellbeing. Barry et al. (2018) found that of those they surveyed who did not

request a mandatory reconsideration, felt that process would be too stressful (10% of respondents) or that the outcome would not change (9%)¹⁹. [15]

Machin and McCormack (2021) conducted a qualitative study involving interviews with twelve individuals with mental health conditions who moved from DLA to PIP. [55] All the interviewees expressed unease about appealing their PIP decisions and only one had lodged a mandatory reconsideration, despite four interviewees receiving a lower rate of PIP compared to their DLA. One interviewee said in relation to submitting a mandatory reconsideration:

“

“I don’t know, I don’t know whether I could have coped with it, I really don’t know.” [55]

Similar findings emerged from DWP research on the experiences of people applying for PIP who live with anxiety. [56] Some of those who were not happy with the outcome of their PIP application, did not plan to challenge this due to a lack of confidence that the decision would be changed. [56]

“

“Having read the letter with the individual scores it was clear they don’t feel I’m eligible for PIP in pretty much each metric they use to decide. I don’t feel an appeal is worth my time and effort.” [56]

A similar picture was evident in Northern Ireland, where an independent review examined the mandatory reconsideration process and found that some claimants felt too stressed following their experience at the initial PIP assessment that they were deterred from submitting a mandatory reconsideration. [49] Some were also worried that they may lose their PIP award altogether if they did challenge the decision. [49]

Research from applicants to PIP highlight that feeling unheard or misunderstood are a key reason for applicants to request a mandatory reconsideration. In contrast, those who avoid requesting one, often do so due to a fear around the experience and impact of it on their mental health and wellbeing.

Similar feelings about the mandatory reconsideration process were reflected in research with people living with multiple sclerosis (MS). The study found that some individuals were scared to submit a mandatory reconsideration through fear that the result would be a decrease in their award. [46]

“

“I was on high-rate mobility on DLA, I now get standard for PIP, therefore lost my car. I didn’t ask for reconsideration as scared I may lose what I had and also the process made me relapse with the stress”. [46]

¹⁹ The research found that 60% of respondents said they did not request one due to being content with their award at the initial decision. [15]

Erez (2019) also argued that the timeframe to submit a mandatory reconsideration may be too short for those living with MS due to their health and how it impacts them, particularly if they are experiencing a relapse. [46]

Overall, the available research shows that a main barrier to submitting a mandatory reconsideration for PIP is the stress the process may cause and a worry that the claimant's award could be reduced or lost completely. Considering the much lower rate of redetermination for ADP, it would be interesting to understand if the changes implemented by Social Security Scotland when creating a more human-centred approach to the application process - the submission of different types of supporting evidence and limited consultations used for clarification purposes - reduces the need for ADP clients to submit redeterminations.

3.5 Understanding the differences between ADP and PIP

As noted throughout this chapter, there is very limited evidence to explain why the redetermination rate for ADP is much lower than the mandatory reconsideration rate for PIP. Subsequently, there is little available to understand why the success rate for clients is higher for ADP redeterminations than for PIP. Judge and Murphy (2025) warn that 'if a large proportion of claimants are successfully awarded disability benefits following a redetermination or appeal, it suggests that the system is not doing a good enough job at getting decisions right in the first instance.' [18]

Harris (2025) found issues relating to both the appeal and redetermination processes. [2] Support organisations highlighted issues with decision making, leading to inconsistencies and different decisions being made at different stages. However, there was a lack of evidence to support this. One organisation said this has increased their appeals workload.



"The reasons for the decision are usually clear, however, they are also inconsistent. We are aware of decisions made with regard to some claimants with similar circumstances which can vary. With the inconsistent decision-making it leads to further additional workload through appeal processes." – Epilepsy Scotland [2]

However, at the time the data in this report was being collected, ADP was still a relatively new programme. They, along with others, emphasise the importance of allowing more time to pass before trying to unpack trends. [18] Judge and Murphy noted that there were similar trends in PIP mandatory consideration rates before a sharp upturn in requests after a few years. [18]

The table below shows the success rates for mandatory reconsiderations for PIP (including England & Wales and Northern Ireland) and redeterminations for ADP for the period March 2022 to October 2025. This shows that ADP decisions are more likely to be changed at the redetermination stage compared to PIP.

Table 14: Summary of mandatory reconsideration/redetermination outcomes for ADP and PIP [36] [57] [35]

Benefit type	Successful (in favour of the client) (%)	Unsuccessful (%)
PIP (March 2022 to October 2025) ²⁰	23%	69%
PIP Northern Ireland (March 2022 to Aug 2025 – no data for Oct)	28%	64%
ADP (March 2022 to October 2025)	49%	48%

Research highlights that improvements to the application process have been received positively. [2] [18] [19] [20] [24] Acceptance of wider types of supporting information and adjustments to the consultation process, such as short engagements to clarify any questions about the application, may reflect a system that more accurately captures data, reflecting a reduced need for redeterminations.

Currently, no data is available on the health condition of those who submit a redetermination for ADP which would also enable a comparison with the PIP statistics.

For example, for some people whose primary disabling condition involves mental health concerns, a mandatory reconsideration for PIP, due to the assessment process involving a face-to-face assessment, feels too focused on assessing physical health issues. [15] However, studies have shown that those living with mental health issues feel deterred from submitting a mandatory reconsideration due to the stress it may cause. [55] [49]. In comparison, the ADP application process does not involve a face-to-face assessment. However, more research is required on ADP to understand the experiences of those who have mental health issues to understand their experiences of applying for ADP and the rates at which they do or do not submit a redetermination.

It is also worth noting the number of case transfer clients (those moving from PIP to ADP) who requested an ADP redetermination. This accounted for 20% of redeterminations processed during March 2022 to October 2025.

3.6 Summary

Redeterminations enable ADP clients to challenge initial decisions they deem unfair or incorrect. The evidence shows that only a minority of ADP clients challenge their initial

²⁰ PIP started before March 2022 but this is the date ADP started, so this date has been used to enable a comparison.

determination, with redetermination requests occurring at around half the rate of PIP mandatory reconsiderations. However, nearly half of completed ADP redeterminations result in an outcome favourable to the client, compared with a much lower proportion of PIP mandatory reconsiderations leading to an award change. This contrast raises important questions about both decision-making accuracy and claimant behaviour across the two systems.

3.6.1 Why are PIP decisions more likely to receive a reconsideration than ADP redeterminations?

There is not enough data and evidence available to provide a definitive understanding of clients' motivations for seeking redeterminations. Research with PIP claimant experiences shows dissatisfaction with both the application form and the assessments that could drive higher rates of mandatory reconsideration. For example, PIP claimants describe being unheard, unfairly treated, or inaccurately assessed. The PIP assessment process is widely described as stressful, dehumanising, and insufficiently responsive to fluctuating or nonphysical conditions, leading claimants to challenge decisions they believe do not reflect their lived experience.

In contrast, ADP's application and decision-making processes was intended to take a more person-centred and rights-based approach. Social Security Scotland did this by relying more heavily on supporting information, limiting the use of consultations, and removing routine face-to-face assessments. One possible interpretation of the lower rate of redetermination requests is that clients are more satisfied with initial decisions, but the available evidence does not allow this to be confirmed.

3.6.2 Why are ADP determinations more likely to be changed at the redetermination stage?

Due to the relatively short amount of time the ADP programme has been running, research does not exist to support definitive conclusions. It could be possible that the high success rate of ADP redeterminations suggests that it functions as a more substantive review than PIP mandatory reconsideration. For example, unlike PIP, where reconsiderations rely heavily on the original assessment, ADP redeterminations involve a new decision-maker reviewing the application, allowing for consideration of new evidence and a fresh analysis of the clients' circumstances.

In contrast, many successful redeterminations may indicate shortcomings in initial decision making. If nearly half of redeterminations result in changed outcomes, this suggests that a significant proportion of initial determinations may not fully or accurately reflect clients' circumstances. Decision-makers have acknowledged the subjectivity involved in depending more heavily on varied supporting information to make decisions as compared to frameworks used in assessments. [3] The rate of redeterminations upheld could be a reflection of the system working well or working inaccurately depending on the reason behind the decision changes. Similar analysis around the complexity of decision making was noted in a 2007 report from the DWP about the uptake rate for Disability Living Allowance and acknowledges 'uncertainty surrounding eligibility as given'. [58] While uncertainty may be a part of the system, further research with clients, decision-makers and advocates would be useful in understanding more about the process and what the data is signifying.

3.7 Identified research gaps

As with data available about the initial decision-making process, there is limited research on ADP, with the main work being undertaken by Social Security Scotland and the Scottish Government. Gaps can again be broken down into qualitative and quantitative gaps.

3.7.1 Qualitative research gaps

- There is very limited understanding of clients' experiences of the redetermination and appeal processes, particularly individuals living with certain health conditions, e.g. mental health, as there is substantial data on the impact of the PIP mandatory reconsideration process on those with anxiety and other mental health conditions.
- There is no qualitative evidence to understand if the official statistics around redetermination rates imply high overall success with gathering accurate information at the application stage.
- Similarly, there is no evidence to understand why there are low rates of redetermination requests (implying initial decision accuracy) combined with high rates of allowed redeterminations (implying inconsistency and inaccuracy in the decision-making process).

3.7.2 Official statistics gaps

- There is no data on the primary disabling conditions of people who submit a redetermination or the rates of success for people with different conditions.

4. Appeals

If a client disagrees with their redetermination decision, they can appeal. This chapter examines the role of appeals within the Adult Disability Payment (ADP) system and the extent to which the appeals process functions as an effective safeguard for clients who disagree with earlier decisions. It draws on available administrative data, client survey findings, evidence from the Independent Review of Adult Disability Payment, and qualitative examples from advice and advocacy organisations to explore both outcomes and experiences of appeals. However, as the Resolution Foundation notes in a recent report, given the recent introduction of ADP, they believe there is not enough data yet to compare appeals outcomes with comparable PIP appeals. [18] Rather this chapter considers what data is available and only considers PIP minimally as a comparative benefit.

The chapter begins by outlining the scale of ADP appeals and their outcomes since the introduction of the benefit, highlighting the proportion of appeals that are upheld in favour of clients. It then considers clients' reported experiences of the appeals process, including perceived barriers, sources of stress, and issues relating to access to evidence and timeframes. Where relevant, these experiences are considered alongside evidence on appeals within the Personal Independence Payment (PIP) system to provide contextual comparison.

This chapter assesses what is currently known about ADP appeals, identifies limitations in the available evidence, and highlights areas where further research is needed to better understand how appeals operate in practice and how they compare with PIP.

4.1 Background on appeals

From 21 March 2022 to 31 October 2025, there were 12,545 appeals for ADP, although evidence from support organisations indicates growth in their advice services for appeals. [35] [59] Of those, 4,790 have had an appeal decision made. [35] The outcome of these appeals was: 2,545 (53%) were upheld (in the clients' favour) and 2,245 (47%) were not upheld (this includes new applicants and those transferring from DWP). [35]

Data collected since the start of ADP shows that 78% of appeals received were for clients who applied as new applicants, and 22% were for clients who had their award transferred from the DWP. [35] However, as the case transfer process has now ended so all applications will be from new or existing ADP clients.

Table 15: ADP appeal outcomes (21 March 2022 to 31 October 2025) [35]

Type	Appeals upheld (in clients' favour)	Appeals not upheld
All	53%	47%
New applicants	52%	48%
Case transfer from DWP	60%	40%

Similar to the lack of data on redeterminations and health conditions, there is no available data on the percentage of appeal requests per primary disabling condition and appeal success or failure rates per condition this information.

4.1.1 Experience of ADP appeals

Client survey feedback suggested that of those responding, there was an even split in overall satisfaction with 45% rating the ADP appeal process as very good or good, whilst 45% rated it as poor or very poor. [5] Barriers seemed to be less of a concern for appeals than for redeterminations with clients who responded reporting that 73% did not face any barriers when requesting an appeal, whilst 19% did. [5]

The Independent Review of ADP found that the reasons for individuals being more likely to appeal their ADP decision included:

- The initial decision did not reflect their circumstances
- Individuals felt their supporting information had not been accurately captured by Social Security Scotland [2]

Negative impacts on mental health and wellbeing alongside a lack of awareness on the right to appeal were highlighted by ADP clients as reasons for not continuing with an appeal after a redetermination. [2] This aligns with the feedback about PIP appeals.

4.1.2 Experiences of PIP appeals

Similar reasons were mentioned by PIP applicants who lodged appeals to their mandatory reconsideration outcomes. [15] However, PIP applicants also raised concerns about the fair treatment, particularly from the decision-maker for the mandatory reconsideration. [15] Advisors who assisted PIP applicants, mentioned feeling that clients had been hurried through the assessment process; and others believed there were errors in the assessment reports. [60]. Official study data reflects similar findings. [61]

There is no current research on why ADP clients decide to appeal. Future focus should include research on client rationale for applying for an appeal. Looking to research conducted with people appealing PIP decisions, for example, there is data that supports appeals can be based on factor such as an applicant's confidence levels in the accuracy of their application to represent their lived experience. [61]

4.1.3 Appeals timeframes

Timeframes for appeals and access to submitted information and evidence was highlighted a stressor for ADP clients. [62] Citizens Advice Scotland shared with the Social Justice and Social Security Committee an example of a client's experience at an ADP appeal:

“

“Scott instructed his local CAB to represent him in respect of an appeal of a decision about his ADP application. The day prior to the hearing, Scott’s CAB representative received a copy of the original determination notice and some additional submissions, including key evidence from a Social Security Scotland healthcare professional... The convener of the hearing acknowledged the late submissions and arranged for a short break to enable the CAB representative and Scott to review them. The experience placed considerable psychological strain on Scott and pressure on his CAB representative.” [62]

Overall, there is a lack of evidence about individuals’ experiences and understanding of the ADP appeal process. The available research predominantly comes from the independent review and research by Social Security Scotland, which had a small sample size.

4.2 Forthcoming changes to appeal process

Social Security Scotland is changing the appeal process to allow new determinations to be made without requiring an appeal to continue to a tribunal. The change was included in an amendment to the Social Security Scotland Act in 2025, but has not yet been implemented. The current process prevents this, as once an appeal has been made, Social Security Scotland are unable to make a new determination. For the DWP, the current system allows a new decision to be made by the DWP prior to a tribunal.

Issues with this process were highlighted by Child Poverty Action Group:

“

“Client was awarded 6 points for daily living for ADP at mandatory redetermination. He appealed because he thought he should get 8 points. Social Security Scotland agreed, but the tribunal did not and said the redetermination was too generous. The client requested permission to appeal from the first-tier tribunal but was refused so will now have to appeal directly to the upper tribunal. This would not be necessary if Social Security Scotland had been able to lapse the appeal in the first place.” [51]

A similar experience was outlined by Citizens Advice Scotland:

“

“Chloe’s experience: Chloe went to her local CAB having been refused an award of ADP; she was awarded 0 points for both components at the redetermination stage. Chloe has been diagnosed with Functional Neurology Disorder which causes her to experience up to fifteen seizures per day; while she has access to a wheelchair, she cannot propel it by herself due to right side paralysis. An adviser supported Chloe to submit an appeal, leading Social Security Scotland to concede that Chloe should have been awarded 12 points for both Daily Living and Mobility. Chloe has been left confused, and she must still await the decision of the Tribunal, who may not agree with Social Security Scotland.” [63]

Participants in a Scottish Government study were asked their views on changing the appeals process with many highlighting positive impacts, such as:

- avoiding the stress of attending a tribunal
- it would save time and money. [64]

A minority felt unsure about this change due to past experiences with the DWP. Participants also highlighted situations where an individual may still wish to appeal and attend a tribunal, such as being provided an opportunity to share evidence which was not considered in their initial claim. [64]

This change was included in 2025 via an amendment to the Social Security Scotland Act, but the change has yet to be implemented. Social Security Scotland will provide a new determination following a client lodging an appeal, but this new determination is only made if the client agrees to it and this automatically ends the appeal. This could result in fewer appeals going to tribunal.

4.3 Summary

Appeals allow clients access to justice within social security systems, and over half of concluded ADP appeals were upheld in favour of clients. As with redeterminations, the rate of successful appeals raises questions about the consistency and accuracy of earlier decision-making stages.

Data about client experiences of ADP appeals is mixed. Survey findings show a near-even split between positive and negative overall experiences, indicating that while some clients navigate the appeals process without major barriers, others experience it as distressing and burdensome. Qualitative examples from third sector organisations highlight stressors, which can include difficulty accessing evidence and the psychological impact of tribunal proceedings.

When compared with PIP, similarities emerge in the underlying reasons why claimants appeal. In both systems, appeals are commonly linked to perceptions that initial decisions did not accurately reflect claimants' circumstances, or that supporting evidence was misunderstood or insufficiently considered. However, more data, both qualitative and quantitative, exists to understand applicant experiences of PIP appeals, while the evidence on ADP appeals remains limited.

4.4 Identified research gaps

As noted in previous chapters, ADP has only been offered for a short time. Changes to the process of applying and appealing, as compared to previous practice under PIP, have not yet had time to develop into established trends. This leaves the statistical data indicative of experience to a point. As Judge and Murphy suggest, more time may be needed to let trends appear. [18]

4.4.1 Qualitative research gaps

- The research on ADP is limited and much of the evidence available is based on support organisations' experiences with clients. Further research could consider why people decide to appeal, how difficult the appeal process is for individuals, and how many require third-sector support or assistance.

5. Short-term Assistance

This chapter covers available data on Short-term Assistance, including national statistics and personal accounts of deciding whether to apply for the temporary benefit.

5.1 What is short-term assistance

In 2018, Social Security Scotland introduced Short-term Assistance (STA), a temporary payment to assist people who are challenging a review determination received for ADP, Child Disability Payment (CDP) or Pension Age Disability Payment (PADP). The payment is meant to assist people during the redetermination or appeals period to ensure they are not deprived of needed assistance and for that reason STA is only available to clients who are challenging decisions that reduce or end their ADP, CDP or PADP award. STA is available for clients until the First-tier Tribunal (FtT) make a final determination. STA is not available for further appeals to higher courts or the Upper Tribunal.

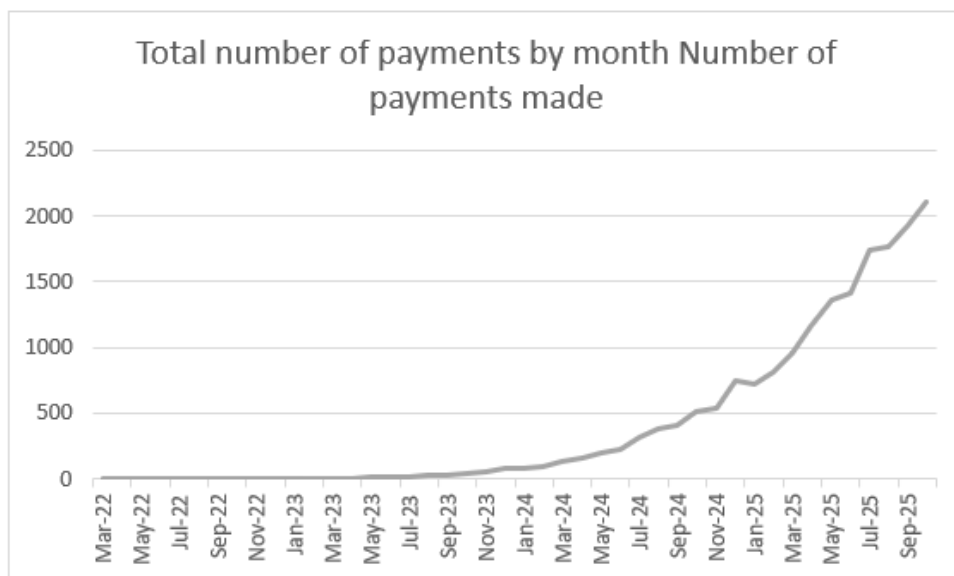
STA does not need to be repaid if an individual is unsuccessful in challenging the determination that changed their original award. However, people may need to return STA if there have been instances of fraudulent application. STA was created to ensure that people can continue to receive their benefit award and enable their right to appeal a determination without financial risk. While there was some concern raised in a SCoSS report in 2021 that it may incentivise applicants whose award has been ended or diminished to extend their payment period, there has been no evidence to speak to that concern since the rollout of the award in 2022. [65]

5.2 What statistics are available about the uptake of Short-term assistance

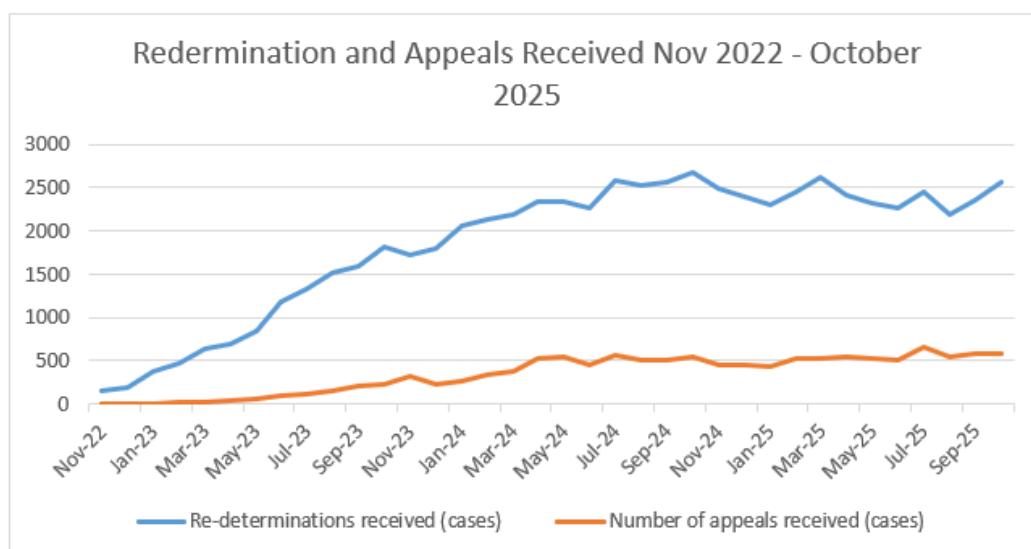
There were 4,340 cases that received STA by 31 October 2025. [35] Social Security Scotland presents raw data on STA, which has been charted in the graphs below. While the breakdown is not available by individual cases, Social Security Scotland provides data broken down by payments of STA. A total of £4.6 million has been paid since the start of the award and '£1.6 million was paid in the latest published quarter', which would align with the increase in the cases per month paid. [35] This rapid increase in uptake is reflected in the chart below, which draws on official statistics released by Social Security Scotland. [35]

Social Security Scotland data enables a comparison of the trends in redeterminations and appeals against the changes in uptake of STA. It is important to note that Social Security Scotland presents total redeterminations and appeals on a case basis whereas they only report on STA on a payment basis. While the uptake is visible in the payment changes over time, without data on a case basis, it is not possible to do an exact comparison of the figures.

The graph below shows the change in STA payments over time as compared to the change in redetermination and appeals cases. This chart starts with November 2022, which is the first month that data was collected for all three statistics. [35] Social Security Scotland provides data on redetermination and appeals broken into two categories, 'new applicants' and 'case transfer'. However, there is no data to indicate how they classify ADP clients undergoing a review. For that reason, the data cannot be broken down further into groups eligible for STA.



The initial trend in growth for both redeterminations and appeals accelerates much earlier on and then levels out as compared to uptake of STA (by payments made). A lack of awareness or confusion about STA could explain slower uptake. This is reflected by client feedback research conducted by Social Security Scotland and research conducted during the Independent Review of Adult Disability Payment. [2] [5] A CAS briefing paper covering the third quarter of the 2025-2026 financial year, notes requests for assistance with applications for STA was ‘three times higher this Q than the same time last year’. [59] However, no further research has been conducted to understand the sudden rapid growth in uptake of STA.



5.3 Experiences of Short-term assistance

The Independent Review of Adult Disability Payment acknowledged the difficulties or confusion people may face when considering an application for STA. The report acknowledges fewer cases of STA paid than originally planned. At the date of reporting, Harris notes that Social Security Scotland paid 2,245 cases of STA. [2] However, in the same period there were 3,630 planned award reviews where the outcome of the review was a

reduction or stopping of the award. [2] The review suggests that rather than asking clients to apply for STA, Social Security Scotland should award STA to all those eligible, allowing anyone to opt out who wished to do so, something discounted by the Scottish Government in their response to the review. [2] [28]

In 2024, Social Security Scotland surveyed their clients to better understand experiences of re-determinations, appeals and complaints. They asked all respondents, regardless of their eligibility, of their awareness of STA²¹, which may inaccurately represent the awareness and experience of STA by those who were eligible to apply. Their research found that only 9% of survey respondents were aware of Short-term Assistance, with 84% saying they were not aware and 6% saying they did not know or could not remember. [66] Respondents highlighted confusion about the eligibility criteria and term of the award. [66] For example, of those who were aware of the award, some felt that the description of the award and eligibility was confusing and one specifically mentioned confusion around the information provided in an award letter. A few mentioned that they felt the staff at Social Security Scotland did not have good knowledge of eligibility with one respondent highlighting an incident where staff told them they were eligible for STA even though they did not receive an award with their initial decision. [66] Only small number of respondents to the survey felt encouraged to request STA alongside their redetermination. [66]

Knowing that it was possible to apply for Short-term Assistance encouraged me to request a redetermination:



Of the survey respondents, including those who were ineligible, only 4% had applied for STA. Among respondents who left further comments, some reflected positive experiences with a process they described as straightforward. However, a few others described issues with the payments, either late delivery of the award or receiving the wrong award. [66]



“It was good but I then got a letter saying that I had been overpaid, this made me feel upset even though I am not required to pay it back. I feel like I am being told that I shouldn’t have applied.” [66]

The Child Poverty Action Group (CPAG) raised an important finding in a blog post and subsequent case study. They suggested that a few people may be at a financial disadvantage when applying for STA, because it, unlike ADP or CDP, is not a passporting benefit or a benefit that qualifies the recipient for further benefit assistance. Receipt of STA rather than ADP paid in arrears may disqualify payment of other support benefits, such as carers payments during that time resulting in a loss of overall money for that period. They note

²¹ Social Security Scotland acknowledges that future research will include survey routing to ensure that only those who are eligible for STA are shown questions regarding STA. The general 2024-2025 client survey did not include questions about STA.

that this is not only dependent on the financial situation of those applying and the immediate need for income in that period but is a concern none the less. [67]

5.4 Summary

Short-term Assistance (STA) was designed to prevent financial hardship and protect clients' rights and dignity of while they challenge reduced disability payments. However, uptake has remained low relative to the number of people who Social Security Scotland would consider eligible. Official statistics indicate that STA payments have increased rapidly in recent years, which is an expected trend given the eligibility requirements of the award. Yet, it seems that uptake could still be lagging behind the volume of eligible redeterminations and appeals, suggesting that STA is not yet functioning as a fully embedded or consistently accessed award.

Client surveys suggest that awareness of the payment is limited as is understanding of eligibility requirements. [66] However there are concerns around the data collection methodology for that survey, which could unnecessarily skew the data to make it seem less well known than it actually is among those eligible. Further research will help ensure STA meets its intended role of enabling people to pursue redeterminations and appeals without financial detriment and will ensure that it does not work as an incentive to prolong an award that has been diminished or terminated.

5.5 Identified research gaps

Given the recent, quick increase in STA award rates, trends in data are difficult to establish.

5.5.1 Qualitative research gaps

- There is no data to explain why certain eligible clients decide to apply and why others do not.
- There is no clear understanding provided as to the rapid increase in the uptake of the award and if that has been the impact of greater communications about the award or the impact of the voluntary sector.
- There is no data to speak to how the availability of STA may impact decision to request redeterminations or appeals.

5.5.2 Quantitative research gaps

- There is no understanding of the overall financial impacts of accepting STA alongside benefits that have been passported with ADP, CDP or PADP.

6. Extent to which social security charter expectations are being met

In creating a new social security system in Scotland, the Scottish Government wanted to deliver benefits in a way that supports and respects those applying. Section 1 of the Social Security (Scotland) Act 2018 sets into law an approach to guide Social Security Scotland. They provide eight principles that provide core tenets about what social security in Scotland will look like. They also created a charter, 'Our Charter', which explains how these principles are put into practice and what clients can expect from their interaction with Social Security Scotland.

. The charter sets out four goals:

- A people's service: We are here to help you get everything you are entitled to.
- Processes that work: We will design services with the people who use them.
- A learning system: We will encourage feedback and empower people to deliver the best service possible.
- A better future: We will invest in the people of Scotland – making a positive difference to all our lives.

This chapter provides TLB's independent perspective on the 'Our Charter' obligations.

6.1 A people's service

The first goal of the charter considers the experiences of clients as they interact with Social Security Scotland's staff and help guide Social Security Scotland as they hire and train staff. According to the charter, interactions with Social Security Scotland should be driven by kindness, consideration, trust, and support. Clients should feel that they have been listened to, that their experiences are considered and that the right amount of time has been given in consideration of their case and application. Where possible, staff should refer clients for further assistance and be transparent about decisions made.

For those ADP clients who have provided feedback about their experience with case managers, they describe their experiences as kind, respectful, understanding and patient. [3] [5] While contact with case managers has been minimised through greater use of supporting information, compared to face-to-face PIP assessments, high approval ratings for consultations suggest that staff are largely providing the level of care that aligns with the charter.

Staff knowledge and experience remain a concern for some ADP clients. Qualitative research shows that specialist knowledge of disabilities rather than general medical knowledge would be preferred to ensure that decision-makers are most qualified to make accurate awards. [2] [23] [24]

6.2 Processes that work

Social Security Scotland and the Scottish Government are committed to creating a system that is simple and provides clear communication. They commit to communication processes that reasonably meet client needs and engagement that is as stress-free as possible. Part of

this goal is to be achieved by providing pathways for challenging award decisions that do not meet client expectations, including redeterminations and appeals. There is also a commitment to provide STA as it helps the system function properly, allowing eligible people who want to challenge a decision the ability to do so without financial repercussions.

Evidence gathered in this rapid review shows that Social Security Scotland has come a long way to align with these charter goals, although there are still areas for growth and improvement. There has been strong support for changes to the application and consultation processes. As noted above, clients and those who assist them felt that greater dependence on supporting information and a reduced need for consultations has improved the outcomes for many. However, there are still concerns around the eligibility criteria for ADP, particularly around the mobility component and the points-based system [2] [3] [20] [21] [22] [23].

The length and difficulty of the application was mentioned in the evidence analysed. [2] [1] [24] [33] [18] However, the Scottish Government response to the Independent Review of Adult Disability Payment acknowledges that the application has been created specifically to be more person-centred in terms of the data collection process. [26] Although long, Social Security Scotland staff felt it enabled a decision-making process that aligns with charter goals. The Independent Review of Adult Disability also acknowledges the application improvements while highlighting the continued struggle faced by those applying. [2]

Further research is needed to understand how trends in official statistics around redeterminations show alignment with the charter expectations. For example, ADP generally has a very low rate of redetermination, in comparison to PIP. [25] However, when a client requests a redetermination, there is a strong likelihood (almost 50%) that the decision will be made in favour of the client. [35]

It is important to note that redeterminations, unlike mandatory reconsiderations for PIP, ask a new decision maker to consider the application. While Social Security Scotland strives to get decisions right the first time, as described in the charter, a low rate of redeterminations could reflect that. The higher rate of redetermination allowed could speak to the subjectivity involved in considering cases in a manner that is person-centred and based on trust, as is described in research with Social Security Scotland staff. [3]

This does not deny that some clients described negative experiences with the application and redetermination process. [2] High levels of approval of Social Security Scotland among those who agree with their award decisions and low levels of approval among those who disagree is highlighted in 2026 qualitative research published by the Scottish Government. [3] This could also speak to the mixed experiences of people who lodged appeals with ADP. [5]

Short-term assistance was a benefit provided to help support clients challenge decisions they are unhappy with without facing financial hardship. The award does not have to be repaid. However, the uptake of the award has been slow. [35] There is little data to understand why that is happening, but improved uptake of the award would help Social Security Scotland ensure they are making a positive impact to those clients who would like to question their award. As a new report from CAS highlights, interest in STA is quickly growing, which follows a spike in uptake reported in official statistics. [59] While there is not enough data to determine why there has been low uptake so far, further understanding

about client awareness and experience of STA would help Social Security Scotland ensure they are meeting this charter goal.

6.3 A learning system

Improvement and learning are built into the charter. ‘Our Charter’ encourages clients and those who help them to provide feedback to ensure Social Security Scotland is continually improving. It notes the importance of representation, hiring a diverse and inclusive workforce with shared experiences to clients. It also emphasises the importance of working with other organisations to ensure services and policy work together.

While this evidence review does not consider the hiring practices of Social Security Scotland, it does consider the value external organisations and partners play in the success of ADP applications. The Scottish Government through an independent review held stakeholder panels and focus groups with voluntary sector advocates to learn about how it could improve the decision-making process. [2] In 2026, the Scottish Government published qualitative research – focus groups – with people with lived experience to facilitate learning and understanding around their experiences to help shape policy. [3]

6.4 A better future

‘Our Charter’ acknowledges that social security is for everyone. Part of the goal is ensuring that principles reflected in the charter are embedded in policy and that they promote pride in social security as a public service. This includes assistance in developing policy to ensure people do not face discrimination and that the awards advance equality. It also considers improvements to uptake of benefits to make sure that all people eligible are accessing social security.

This evidence review is focused on the decision-making process for ADP. In the design of the award, Social Security Scotland attempted to move toward a decision-making process that centres dignity, fairness and respect. The effectiveness of the Scottish Government’s Benefit Take Up Strategy could be seen in the increases for submitted applications. Alongside advertising campaign to raise awareness of ADP, a decision-making system renowned for being fairer and more considerate could make people more aware and willing to apply. [1]

The STA award is unique internationally in that it provides an applicant for social security the financial freedom to query an outcome with which they disagree. While uptake is low, it is growing rapidly. As mentioned in Chapter 5, more research should be conducted understand why this is the case.

6.5 Summary

The evidence suggests that ADP reflects a clear shift toward a more person-centred and rights-based approach compared with PIP. Many clients report positive experiences of being treated with dignity, fairness and respect during the decision-making process, which directly aligns with ‘Our Charter’. However, there is still room for further changes that inspire further alignment. For example, greater research is needed to ensure that no barriers to the award exist for certain groups, whether those groups are defined by primary disabling condition, an intersectional identity or lived experience, such as poverty. Recommendations for further research to ensure that Social Security Scotland’s decision-making practice aligns the goals set out in the charter are provided in the concluding chapter.

7. Conclusion

This report has provided a rapid evidence review of the decision-making process for ADP, from initial determinations to redeterminations and appeals. It has also considered the uptake of STA. Drawing on official statistics, client surveys, independent reviews and qualitative research, the report identifies areas of progress evident in a comparison to claimant experiences of PIP. It also highlights evidence gaps and recommends area for future research.

While eligibility criteria for ADP has remained the same as PIP, Social Security Scotland has introduced changes to the application process intended to reduce the burden on clients and build trust. This has been done by providing multiple application routes, increasing reliance on supporting information and ensuring that continued client contact through consultations is limited; all areas that have been highlighted negatively by PIP claimants. Client survey data suggests the Scottish changes are generally experienced positively. However, there are still lingering concerns, particularly about the complexity of applying for ADP. Quantitative data shows that award rates are changing, but there is little qualitative evidence to explain these trends and some researchers feel that it is still too early to start identifying lasting trends for ADP rates.

Again, while implementation of ADP is still at an early stage, evidence to date shows ADP clients request redeterminations at a substantially lower rate than PIP claimants request mandatory reconsiderations. Additionally, ADP redeterminations are far more likely to result in a changed outcome in the client's favour. There is limited available evidence to suggest why this may be occurring and whether this is an indicator of satisfaction with initial decisions. Further work is needed to understand client motivations for seeking redeterminations.

Data on appeals is more limited than initial decision-making and redeterminations. Official statistics show that more than half of ADP appeals are upheld, favouring the client, which could raise questions about consistency and accuracy earlier in the decision-making process. Far less is known about how why certain people appeal ADP redetermination decisions and the barriers faced, as compared to PIP.

STA was designed to protect clients from financial hardship while challenging decisions, yet uptake remains low relative to the number of potentially eligible cases. Although payments have increased over time, and at a more rapid rate recently, evidence suggests limited awareness and confusion about eligibility as possible reasons. There is a lack of robust evidence on claimant understanding and experience of STA to understand whether it is achieving its intended purpose.

Overall, the review finds that ADP represents a clear departure from PIP in terms of stated values and aspects of process design, and that many clients report more positive experiences at the application stage. However, across all stages of decision-making there are substantial gaps in the evidence base. These gaps limit understanding of why decisions change at different stages of the process, which groups face greater barriers, and how far the system is consistently delivering fairness, dignity and respect in practice.

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Annex A: Continued Reading

Number	Author	Title	Date of Publication
1	ICPR	Ongoing research: impact of disability benefits	Ongoing
2	NatCen	Ongoing research: Experiences, expectations and understanding of the Personal Independence Payment (PIP) Award Review process	Ongoing
3	Michelle Sayles	Research on Disability Benefits Decision-Making (USA)	2025
4	Lila Rabinovich, Doerte Junghaenel, Tabasa Ozawa	Understanding disability benefits decision-making among adults with self-reported work disability: A qualitative study (USA)	2025
5	Jonathan Cribb et al.	Do disability benefit claims rise when other benefits are cut?	2025
6	Beth Gaze, Ruth Quibell, Belinda Fehlberg	The Experience of using the Social Security Appeals Tribunal: Providing Individual Justice across Diversity	2025
7	Niklas Altermark	Managing moral distress: social policy cuts and the suppression of employee conscience	2025
8	Emma Congreve	New awards of disability benefits for adults: Comparing Scotland with England and Wales	2024
9	Tom Waters and Tom Wernham	Analysis of Scottish tax and benefit reforms	2023
10	Alexandra Murray	Amplifying Disabled Identities: Invisible Disabilities in Personal Independence Payment Assessments and Appeals	2022
11	Henry Bundy	"I'm just sitting now. Wondering." Surviving the wait for disability (USA)	2021
12	Jo Benjamin Dybvik and Walter Schonfelder	Between health, morality and pragmatics: common mental disorders and decision-making for disability benefits in the Norwegian welfare state	2020
13	Caroline Ploetner et al.	Understanding and improving the experience of claiming social security for mental health problems in the west of Scotland	2019
14	Michael Robinson	When is support not support? PIP and the distinction between prompting and social support	2019
15	Jessica Saffer, Lizette Nolte and Simon Duffy	Living on a knife edge: the responses of people with physical health conditions to changes in disability benefits	2018

